

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		25	05-25-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			7/24/00

# INDEX OF CLAIMS

✓ ..... Rejected  
= ..... Allowed  
- (Through numeral) ... Canceled  
÷ ..... Restricted

N ..... Non-elected  
I ..... Intended  
A ..... Appeal  
O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final Original	
1	6/8/00
2	6/8/00
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Claim	Date
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If more than 150 claims or 10 actions  
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